## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10,635793

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |                               |                     |                  |           | SMALL ENTITY TYPE |                        | OR        | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|---------------------------------------|-------------------------------|---------------------|------------------|-----------|-------------------|------------------------|-----------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 25                                    |                               |                     |                  | Г         | RATE              | FEE                    | Ī         | RATE                       | FEE                    |
| FOR   |  | NUMBER FILED                              |                                       | NUMBER EXTRA                  |                     | ВА               | ASIC FEE  | 375.00            | OR                     | BASIC FEE | 750.00                     |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 25 minus 20=                          |                               | * 5                 |                  |           | X\$ 9=            |                        | OR        | X\$18=                     | 90                     |
| INDEPENDENT CLAIMS  |  |   | 4 minus 3 =                           |                               | * )                 |                  |           | X42=              |                        | OR        | X84=                       | 84                     |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT                                |                               |                     |                  | -         | +140=             |                        | OR        | +280=                      |                        |
| * If  | the difference                                       | in column 1 is                            | less than zero, enter "0" in column 2 |                               |                     |                  | <br> <br> | TOTAL             |                        | OR        | TOTAL                      | 924                    |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                               |                     |                  |           |                   |                        |           | OTHER                      |                        |
| (Column 1)  |  |   | (Colum                                |                               |                     |                  |           | SMALL ENTITY      |                        | OR SMALLE |                            | ENTITY                 |
| <b>AMENDMENT A</b>  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | of Chicago, Co.                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                            |                     | =                | :         | X\$ 9=            |                        | OR        | X\$18=                     |                        |
|   | Independent  | *   | Minus                                 | ***                           | E CL AINA           | =                |           | X42=              |                        | OR        | X84=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                       |                               |                     |                  |           | +140=             |                        | OR        | +280=                      |                        |
| 5,6 %   |  |   |                                       |                               |                     |                  | AD.       | TOTAL<br>DIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE        |                        |
|   |  | _   | -,                                    |                               |                     |                  |           |                   |                        |           |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA |           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                            |                     | =                |           | X\$ 9=            |                        | OR        | X\$18=                     |                        |
|   | Independent  | *   | Minus                                 | ***                           |                     | ]=               |           | X42=              |                        | OR        | X84=                       |                        |
| L   | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEP                           | ENDEN                         | CLAIM               |                  | ]         | +140=             |                        | OR        | +280=                      |                        |
|   |  |   |                                       |                               |                     |                  | L         | TOTAL             |                        |           | TOTAL                      |                        |
|   |  |   |                                       |                               |                     |                  | AD        | DIT. FEE          |                        | OR        | ADDIT. FEE                 |                        |
| r—  |  | (Column 1)<br>CLAIMS                      |                                       | (Colu                         | mn 2)<br>IEST       | (Column 3)       | 1         |                   |                        |           |                            |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVI                  | BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                            |                     | =                | ] ] ;     | X\$ 9=            |                        | OR        | X\$18=                     |                        |
|   | Independent  | *   | Minus                                 | ***                           | T CL AIM            | ]=               |           | X42=              |                        | OR        | X84=                       |                        |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= |   |                                       |                               |                     |                  |           |                   |                        | OR        | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                       |                               |                     |                  |           |                   |                        | I O B     | TOTAL                      |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE A |  |   |                                       |                               |                     |                  |           |                   |                        |           |                            |                        |
|   | ine Highest Num                                      | iper Previously Pa                        | iu ror" (Total or                     | independ                      | ient) is the        | e nignest numb   | er tound  | in the app        | oropriate box          | k in co   | iumn 1.                    |                        |